Report of Consultation

Re: Plaintiff: Michael Coleman

Case No.: 16-cv-4917 (N.D. Ill.)

Judge: Edmond E. Chang

By:

Chadwick C. Prodromos, M.D.

Materials Reviewed

1. Deposition of Plaintiff, Michael Coleman
2. Illinois Department of Corrections Medical Records (STAMR 001-640)
3. University of Illinois at Chicago Medical Center Records (001-131)
4. Presence St. Joseph's Medical Center Records (1-7)
5. Plaintiff's Amended Complaint

Review of History

Mr. Michael Coleman ("Mr. Coleman" or "Plaintiff") came into custody of the Illinois Department of Corrections ("IDOC") in 1999. Coleman has been incarcerated at Stateville Correctional Center ("Stateville") since 2003. I was advised that Saleh Obaisi, M.D. ("Dr. Obaisi"), began his employment at Stateville in August of 2012.

Prior to Dr. Obaisi's employment at Stateville, Mr. Coleman had a minor arthroscopic – no incision – knee procedure performed at the University of Illinois at Chicago Medical Center ("UIC") by Samuel Chmell, M.D. ("Dr. Chmell"). This procedure involved a minor debridement, shaving, of his cartilage. This cartilage tissue has no nerve endings; thus, shaving of it does not produce pain. Along the spectrum of arthroscopic knee procedures, the amount of pain anticipated from the specific procedures performed on Mr. Coleman would be expected to be quite minor due to the minimal surgical work done within his knee. In addition, it would be expected that Mr. Coleman would be able to ambulate without assistance after no more than one month.

According to Plaintiff's IDOC medical records, Dr. Obaisi first saw Plaintiff on August 21, 2012. At that time, Mr. Coleman presented with complaints of pain in his right knee stemming from a 2011 fall down a set of stairs while he was using a crutch. Dr. Obaisi reviewed

Plaintiff's past medical history, including a December 2011 MRI of the right knee indicating that there was no ligament tear. Dr. Obaisi also performed a physical examination of Plaintiff's right knee. After examining Mr. Coleman, Dr. Obaisi diagnosed his condition as a chronic right knee sprain. Dr. Obaisi prescribed Naprosyn, a Non-Steroidal Anti-Inflammatory Drug (NSAID) used to treat pain, and renewed Mr. Coleman's permits through August 21, 2013 for a low bunk, low gallery, a crutch and a right knee brace. Dr. Obaisi was correct in opining that the results of the 2011 MRI of Plaintiff's knee did not indicate any new injury. NSAIDs were entirely appropriate in treating any discomfort Plaintiff may have been experiencing at this juncture.

Plaintiff returned for a follow-up visit with Dr. Obaisi on September 11, 2012. Mr. Coleman complained of pain in his right knee and low back. After performing a physical examination, Dr. Obaisi diagnosed Plaintiff's condition as chronic bursitis and low back pain. As such, he ordered an X-Ray of Mr. Coleman's right knee and lumbar spine. The X-ray revealed a bipartite patella in the left knee and minor degenerative changes in Plaintiff's lumbar spine. A bipartite patella is a normal, painless anatomical variant, and requires no treatment. Degenerative changes in the lower back are quite common. Unless there is significant neural compromise, surgery for degenerative changes of the lumbar spine are only rarely indicated, and certainly not indicated in Mr. Coleman's case in my opinion. Dr. Obaisi offered a steroid (Depomedrol) injection to Plaintiff's right knee, but Mr. Coleman refused. A steroid injection was medically appropriate at this stage of Plaintiff's treatment, and would have very likely decreased pain and inflammation.

On November 21, 2012, Plaintiff attended a follow-up appointment. Dr. Obaisi diagnosed plaintiff with chronic right knee pain. Dr. Obaisi advised Plaintiff to follow-up on an as-needed basis. On April 25, 2013, Mr. Coleman presented to Dr. Obaisi with complaints of low back pain

and right knee pain. Dr. Obaisi prescribed Plaintiff to Motrin, an NSAID, for his low back pain, and advised him that he would be referring him for an orthopaedic evaluation for his right knee. NSAIDs would have been expected to have been effective in treating any discomfort Mr. Coleman may have been experiencing in his right knee or lower back at this point.

On July 19, 2013, Plaintiff complained of pain in his lower back. A physician at Stateville, Dr. Ann Davis, administered an injection of Toradol, an NSAID; and prescribed him Prednisone (a steroid used to reduce pain and inflammation), as well as Naproxen (NSAID).

On July 22, 2013, Plaintiff presented for an orthopaedic evaluation with Dr. Chmell. Dr. Chmell reviewed Plaintiff's most recent MRI from May of 2011, which revealed no new abnormalities. In addition, he performed a physical examination, upon which he noted no instability or decrease in range of motion in the right knee. Dr. Chmell recommended a repeat MRI of the right knee. In addition, he performed a steroid injection to the right knee. Lastly, Dr. Chmell recommended Plaintiff to remain on crutches, and to use a knee sleeve, which is a supportive garment.

On July 29, 2013, Dr. Obaisi renewed plaintiff's medical permit for a low bunk, low gallery, two crutches and a right knee brace. In addition, Dr. Obaisi prescribed Plaintiff to Robaxin (muscle relaxer) and Mobic (NSAID).

On October 21, 2013, Plaintiff underwent an MRI of his right knee at Presence St. Joseph's Medical Center. The MRI revealed minor post-meniscectomy changes, as well as with no unstable fragments. These types of changes are common, and would have been expected to produce either minimal, or no knee pain. On November 12, 2013, Mr. Coleman returned for a post-MRI consultation with Dr. Obaisi. Dr. Obaisi discussed the MRI results with Plaintiff. In addition, he recommended an abdominal binder, which is a supportive garment.

Over the next several months, Plaintiff's conditions continued to be monitored during regular medical evaluations with the Stateville medical staff. In addition to the medications he was already receiving, Mr. Coleman was also prescribed Meloxicam (NSAID), Prednisone, and Vicodin (an opioid pain medication) for four days. Opioid narcotics are respiratory depressants that can cause death if they are delivered in an amount out of proportion to the pain being experienced. As such, these types of medications should only be used sparingly and for a short amount of time in acute occurrences of severe pain.

The next medical appointment with Dr. Obaisi occurred on April 29, 2014. On this occasion, Plaintiff continued to report pain in his right knee and lower back. Dr. Obaisi ordered Plaintiff another abdominal binder, and advised Mr. Coleman he would refer him for another orthopaedic follow-up evaluation.

On June 23, 2014, Plaintiff presented to Dr. Obaisi with complaints of pain in his right upper thigh and groin. After performing a physical examination, Dr. Obaisi assessed Plaintiff's condition as tendonitis of the right groin area. Dr. Obaisi performed a steroid (Depomedrol) injection to Plaintiff's left thigh to reduce inflammation and pain. Plaintiff returned for a follow-up visit with Dr. Obaisi on July 17, 2014. During this visit, Dr. Obaisi administered a second steroid (Depomedrol) injection to Plaintiff's right thigh muscle. Mr. Coleman's next follow-up evaluation with Dr. Obaisi occurred on August 29, 2014, at which time he made subjective complaints of tenderness in his right groin. After performing a physical examination which revealed no acute findings, Dr. Obaisi prescribed Indocin (NSAID).

On October 22, 2014, Plaintiff presented for an evaluation with Dr. Obaisi, at which time he reported continued pain in his right groin. After performing a physical examination, Dr. Obaisi assessed Mr. Coleman's condition as tendonitis due to overuse of crutches and body

twists. As such, he discontinued Plaintiff's crutches. Crutches on stairs are quite dangerous and are associated with causing falls. In addition, Dr. Obaisi prescribed Plaintiff Tylenol #3, which is an opioid pain medication. They should not be given without good cause. Mr. Coleman had no unstable meniscal tissue. His only MRI finding represented typical, age appropriate, post-surgical knee degenerative changes. Crutches are not needed for this problem. Their use, when not truly needed, also contributes to muscle atrophy which can worsen the knee, and can also contribute to falling, as previously mentioned.

Plaintiff's next appointment with Dr. Obaisi occurred on November 11, 2014. On this occasion, Plaintiff reported low back pain as a result of a recent fall down the stairs. After performing a physical examination, Dr. Obaisi administered an injection of Toradol (NSAID). In addition, he renewed Mr. Coleman's prescription to Tylenol #3 with Codeine, and admitted him to the infirmary for twenty-three hour observation. As previously noted, crutches make it quite difficult to navigate stairs. This is evidenced by Plaintiff's 2011 fall when he was using crutches. Thus, it is generally much safer to go up and down stairs without crutches, and holding onto the rail for support. This holds especially true when, as here, there is no meniscal injury that would signify instability. Notably, the following day, a nurse noted that Plaintiff advised her "I'm better now and really want to go back to my cell house, my back is fine." As such, Mr. Coleman was discharged from the infirmary.

On January 5, 2015, plaintiff presented to Dr. Chmell at UIC for an orthopaedic evaluation of his right knee, low back, right groin, and right hip complaints. Dr. Chmell diagnosed Plaintiff with chronic right knee, right hip and right groin pain. He recommended an MRI and X-Rays of Plaintiff's right knee and hip to rule out fracture or soft tissue injury. The X-

Ray of the right hip was "negative" for abnormalities, while the X-Ray of the right knee only indicated a bipartite patella.

Plaintiff returned for an evaluation with Dr. Obaisi on January 20, 2015. Mr. Coleman reported that his right groin pain resolved after the previous steroid injection. Dr. Obaisi renewed Plaintiff's prescription to Indocin, and scheduled him for a steroid (Depomedrol) injection. The steroid injection took place on January 22, 2015.

On May 4, 2015, Plaintiff presented to UIC to undergo an MRI of his right hip and right knee. The MRI of the right hip revealed a muscular strain involving distal gluteal insertion that was suspected to be a "tear." Gluteus medius tears virtually never require surgery - and certainly his minor abnormality would not. Also these so called "tears" really only represent high signal in the muscle that can occur from normal wear and tear, or represent a contusion. In regard to the MRI of the right knee, the radiologist noted a mid-grade chrondral malacia in the medial compartment. This is age-appropriate wear and tear. In addition, there was wear and tear, aw well as post-meniscectomy changes of the meniscus, without evidence of any unstable flap tears of meniscal tissues that my cause instability. None of the findings of this MRI indicated surgical intervention for Plaintiff's right knee was medically necessary

On May 18, 2015, Plaintiff presented for an initial physical therapy evaluation with Jose Becerra, P.T. ("Mr. Becerra"). After conducting a physical examination, Mr. Becerra recommended one to two physical therapy sessions per week, for four to six weeks. However, Mr. Coleman never showed up for any subsequent physical therapy sessions. Physical therapy could have been effective in increasing strength, as well as reducing discomfort.

On June 23, 2015, Mr. Coleman attended a post-MRI follow-up appointment with Dr. Obaisi. Based upon Plaintiff's continued complaints of thigh and groin pain, Dr. Obaisi

administered a fourth steroid (Depomedrol) injection to the thigh muscle. As with Plaintiff's knee injury, a steroid injection would have been expected to have substantially reduced any inflammation and discomfort that Mr. Coleman may have been experiencing in his right hip.

On August 24, 2015, Plaintiff presented for an orthopedic evaluation with Dr. Chmell. Dr. Chmell reviewed the most recent MRI studies. After performing a physical examination, Dr. Chmell referred Plaintiff to another orthopedic specialist to further evaluate the suspected gluteus medius tear in his right hip. In regard to his right knee, Dr. Chmell prescribed Flexiril (muscle relaxer) and Ibuprofen for pain, and noted that he should be allowed the use of the bottom bunk. On September 1, 2015, Plaintiff saw Dr. Obaisi for an appointment to discuss Mr. Coleman's most recent evaluation with Dr. Chmell. Dr. Obaisi prescribed Plaintiff to muscle relaxers and Ibuprofen (also known as Motrin). Over the next several months, Plaintiff continued to receive his medications as prescribed. I concur with Dr. Chmell and Dr. Obaisi that muscle relaxers and NSAIDs were the most appropriate course of responding to any discomfort that his right knee, right hip, and lower back may have been causing Mr. Coleman.

On May 4, 2016, Plaintiff attended an orthopaedic evaluation at UIC with Matthew Marcus, M.D. ("Dr. Marcus"), regarding his complaints of right hip and knee pain. After reviewing Plaintiff's MRI results and performing a physical examination, Dr. Marcus diagnosed Mr. Coleman's condition as a "small gluteus medius tear of the right hip." As to the right knee, Dr. Marcus noted "there is some cartilage wear but no meniscal injury." I concur with Dr. Marcus that Plaintiff's MRI of his right knee did not reveal a significant meniscal injury or tear. Dr. Marcus recommended that Mr. Coleman obtain X-Rays of his right hip, pelvis, and knee. In addition, he administered steroid injections into Plaintiff's right knee and hip. Lastly, Dr. Marcus prescribed physical therapy, and advised him to follow-up in one year. I agree with Dr. Marcus'

recommendation for steroid injections and physical therapy, as they were an appropriate course of treatment for Mr. Coleman's condition. In fact, this is the same course of treatment that Dr. Obaisi had previously recommended.

On May 9, 2016, Plaintiff attended a follow-up visit with Dr. Obaisi to discuss his most recent evaluation with Dr. Marcus. Pursuant to Dr. Marcus' recommendations, Dr. Obaisi referred Mr. Coleman to physical therapy, and ordered X-Rays of the right knee and hip. The X-Rays were both "negative" for abnormalities. Over the next several months, Plaintiff attended several appointments with Stateville physicians in connection with monitoring his condition, and renewing his prescriptions for medications

On September 28, 2016, Plaintiff presented for a second physical therapy evaluation with Mr. Becerra. During this evaluation, Mr. Coleman effectively refused physical therapy again when he requested that physical therapy be deferred until his next orthopaedic consultation at UIC. Again, there are no structural abnormalities of the knee that would preclude physical therapy, which was expected to improve the condition of the knee. Complying with the recommended course of physical therapy would have offered the potential for improvement of his condition.

Over the next several months, Plaintiff attended several medical appointments with Stateville providers. During these visits, he made several complaints, including pain in his neck and shoulder. He continued to receive muscle relaxers, NSAIDs, and pain medication.

On May 10, 2017, Plaintiff attended a one year follow-up evaluation with Dr. Marcus. After reviewing the X-Rays and conducting a physical examination, Dr. Marcus noted: "we do not see anything surgical that we could offer the patient at this time." As previously stated, minor abnormalities of the gluteus medius virtually never require surgery, and Mr. Coleman's

abnormality was quite minor on MRI. Thus, I concur with Dr. Marcus' recommended course of non-operative treatment.

Discussion

I am a licensed medical physician in the State of Illinois and board certified in Orthopaedic Surgery. I have specialized in orthopaedic surgery for over 30 years since my fellowship in this area in 1985 at Harvard. Throughout the past 30 years, I have performed thousands of orthopaedic procedures. I have attached my curriculum vitae to this Report as "Exhibit 1." My qualifications, education, and experience are fully detailed therein.

In his deposition, Plaintiff mistakenly states that he has a new meniscal tear that occurred after his 2010 surgery. However, as noted by Dr. Marcus, the MRI only reveals degenerative changes of the knee and post-surgical meniscal changes. The standard course of treatment for this type of injury is NSAIDs, steroid injections, reduction of activity (*e.g.,* low bunk permit), supportive garments, and physical therapy. All of these therapies were provided, or at least offered, to Mr. Coleman by Dr. Obaisi. In fact, both Dr. Chmell and Dr. Marcus' recommended course of treatment mirrored the non-operative course of treatment put in place by Dr. Obaisi. Thus, I am of the opinion that the timing and nature of the treatment provided by Dr. Obaisi to Plaintiff's degenerative right knee condition was reasonable, compassionate, and well within the community standard of care.

As to his right hip injury, Mr. Coleman mistakenly stated in his deposition that his small gluteus medius tear should have had surgery. To the contrary, gluteus medius tears virtually never require surgery - and certainly his minor abnormality would not. Instead, the standard of care for an injury such as Plaintiff's is NSAIDs, steroid injections, and physical therapy. Also, these so called "tears" really only represent high signal in the muscle that can occur from normal

wear and tear, or represent a contusion. As such, I concur with Dr. Marcus' opinion that surgery to treat Mr. Coleman's right hip injury was not medically indicated. Because Dr. Obaisi provided Plaintiff with NSAIDs and steroid injections to his right hip, as well as referred him to physical therapy, I am of the opinion that the timing and nature of the treatment provided by Dr. Obaisi to Plaintiff's right hip condition was reasonable, compassionate, and well within the community standard of care.

In regard to Plaintiff's lower back injury, X-Ray and MRI examination revealed only degenerative changes in Mr. Coleman's lumbar spine. In general, surgical intervention is only medically necessary when there is significant neurologic involvement. In addition, spinal fusion surgery is a high risk procedure with a high failure rate that can result in chronic pain. Here, there is no evidence of any neural compromise. Thus, surgical intervention was not indicated. Instead, a non-operative course of treatment, including NSAIDs, muscle relaxers, steroid injections, supportive garments, and physical therapy was appropriate. Dr. Obaisi provided Mr. Coleman with extensive treatment including injections, bracing, multiple types of medications, and physical therapy. Consequently, I am of the opinion that the timing and nature of the treatment provided by Dr. Obaisi to Plaintiff's degenerative lower back condition was reasonable, compassionate, and well within the community standard of care.

During his deposition, Plaintiff criticized the timing of Dr. Obaisi's referral for further surgical evaluation by an orthopaedic specialist. However, when treating degenerative orthopaedic conditions, such as Mr. Coleman's, it is medically appropriate to initially choose non-operative treatment, such as medication, steroid injections, medical permits, bracing, and physical therapy prior to considering surgical intervention. As such, I am of the opinion that the timing of Dr. Obaisi's referrals for orthopaedic surgical evaluation for Mr. Coleman's right knee,

right hip, and lower back conditions were reasonable, compassionate, and well within the community standard of care.

Furthermore, at his deposition, Mr. Coleman criticized Dr. Obaisi for discontinuing his medical permit for crutches on October 22, 2014. Crutches on stairs are quite dangerous and are associated with causing falls, as evidenced by Plaintiff's May 2011 fall while using his crutches. They should not be given without good cause. Mr. Coleman had no evidence of an internal derangement of his knee that would cause his knee to give way. The MRI revealed routine, age-appropriate, post-surgical minor knee degeneration. Crutches are not needed for this problem. In addition, using crutches when they are not needed also contributes to muscle atrophy which can worsen the knee, and can also contribute to falling, as previously mentioned. As such, I am of the opinion that it was not clinically indicated for Plaintiff to use crutches after October 22, 2014; that Dr. Obaisi's decision to discontinue Mr. Coleman's crutches on October 22, 2014 was reasonable, compassionate, and well within the community standard of care; and that not having crutches was not the cause of his purported November 2014 fall down the stairs.

Summary of Opinions

All opinions are given with a reasonable degree of medical certainty and based on my review of the aforementioned records, pleadings and transcript; as well as my education, experience, training, and knowledge:

1. I am of the opinion that the timing and nature of the treatment provided by Dr. Obaisi to Plaintiff's degenerative right knee condition was reasonable, compassionate, and well within the community standard of care.

2. I am of the opinion that the timing and nature of the treatment provided by Dr. Obaisi to Plaintiff's right hip condition was reasonable, compassionate, and well within the community standard of care.

3. I am of the opinion that the timing and nature of the treatment provided by Dr. Obaisi to Plaintiff's degenerative lower back condition was reasonable, compassionate, and well within the community standard of care.

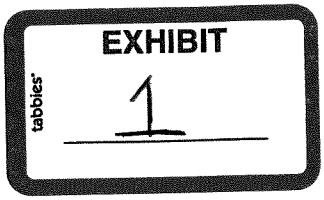
4. I am of the opinion that the timing of Dr. Obaisi's referrals for orthopaedic surgical evaluation for Mr. Coleman's right knee, right hip, and lower back conditions was reasonable, compassionate, and well within the community standard of care.

5. I am of the opinion that it was not clinically indicated for Plaintiff to use crutches after October 22, 2014.

6. I am of the opinion that Dr. Obaisi's decision to discontinue Mr. Coleman's crutches on October 22, 2014 was reasonable and well within the community standard of care.

7. I am of the opinion that not having crutches was not the cause of Mr. Coleman's purported November 2014 fall down the stairs.

Chadwick C. Prodromos, M.D.
Dated: October 19, 2018



Chadwick Prodromos, MD
Curriculum Vitae

Training and Education

Harvard Medical School/Massachusetts General Hospital
Orthopaedic and Sports Medicine Fellowship, 1985
Rush Presbyterian St. Luke's Medical Center
Orthopaedic Surgery Residency 1984
University of Chicago
Surgical Internship, 1980
Johns Hopkins Medical School
M.D. Degree 1979
Princeton University
Bachelor of Arts, 1975

Office

1714 Milwaukee Ave., Glenview, IL 60025
Ph: 847-699-6810 Fax: 847-699-6545
E mail: orthopaedics@ismoc.net Website: www.ismoc.net

Qualifications

Board Certified, Orthopaedic Surgery, 1987, re-certified 1997, 2007, 2017
Medical Director: The Illinois Orthopaedic Foundation
President: Illinois Sportsmedicine and Orthopaedic Centers
Assistant Professor, Dept of Orthopaedic Surgery, Rush University Medical Center (Ret)
Reviewer: *Arthroscopy: The Journal for Arthroscopy and Related Surgery*
Reviewer: *Knee Surgery, Sports Traumatology, Arthroscopy: official journal of ESSKA*
Reviewer: *The American Journal Of Sportsmedicine*
Former Orthopedic Consultant: Illinois High School Association Sports Medicine Advisory Committee
Former Medical Director Arena Football League

Professional Association Memberships

American Academy of Orthopaedic Surgeons
Arthroscopy Association of North America
The American Orthopaedic Society for Sports Medicine
The International Cartilage Repair Society
The International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine
The Illinois Association of Orthopaedic Surgeons

Awards

Rush Medical College Surgical Sciences Research Award
Berkheiser Research Award of the Institute of Medicine of Chicago

ORTHOPAEDIC TEXTBOOKS

Editor in Chief: The ANTERIOR CRUCIATE LIGAMENT: Reconstruction and Basic Science, Publisher: Elsevier:
First Edition: October 2007
Associate Editors: Freddie Fu, Steve Howell, Don Shelbourne, Lonnie Paulos, Charlie Brown, Tassos Georgulies, Alberto Gobbi, Don Johnson
Second Edition: July 2017
Associate Editors: Andrews,Brown, Fu, Georgoulis, Gobbi, Noyes, Shelbourne

Editor Special Edition of the Open Orthopaedic Journal devoted to Controversies in the Diagnosis and Treatment of SLAP lesions

Contributor: PRACTICAL ORTHOPAEDIC SPORTS MEDICINE AND ARTHROSCOPY
Publisher: Lippincott Williams and Wilkins: December 2006
Editor: Donald Johnson
Chapters
1) Posterior Hamstring Harvest Technique
2) The Team Physician

Contributor: THE SHOULDER
Publisher: Churchill Livingstone 1988
Editors: Carter Rowe
Chapter: Shoulder Injuries in Sports

TELEVISION PRESENTATION

WGN Superstation Network: Wednesday April 26th, 2006. ACL Repair.

NATIONAL AND INTERNATIONAL CONFERENCE PRESENTATIONS

International Society for Medical Laser Applications Conference
LOS ANGELES, CA, February 11, 2017
Presentation: "Intra-articular laser treatment plus Platelet Rich Plasma (PRP) significantly reduces pain in many patients who had failed prior PRP treatment"
Chadwick Prodromos MD, Susan Finkle BSN, Alexander Dawes, Angelo Dizon MPT

International Society of Arthroscopy, Knee Surgery, & Orthopaedic Sports Medicine Biennial Congress
LYON, FRANCE, June 2015
ICL Course Presentation: "An Algorithm for the Diagnosis and Treatment of Cartilage Lesions Accompanying ACL Injury" Chadwick Prodromos, MD

American Academy of Orthopaedic Surgeons Annual Meeting
LAS VEGAS, NV. March 2015
Coordinator of Instruction Learning Course: "High Tibial Osteotomy and Distal Femoral Osteotomy: Indications, Techniques and Post-Op Management for the Treatment of Arthrosis and Cartilage Deficiency", Presentation: "Indications, Technique & Post-Operative Management of Opening Wedge Implant-Free HTO & DFO" Chadwick Prodromos MD

American Academy of Orthopaedic Surgeons Annual Meeting
NEW ORLEANS, LA March 2014
Coordinator of Instruction Learning Course: "High Tibial Osteotomy and Distal Femoral Osteotomy: Indications, Techniques and Post-Op Management for the Treatment of Arthrosis and Cartilage Deficiency", Presentation: "Indications, Technique & Post-Operative Management of Opening Wedge Implant-Free HTO & DFO" Chadwick Prodromos MD

American Academy of Orthopaedic Surgeons Annual Meeting
CHICAGO, IL March 2013
Coordinator of Instruction Learning Course: "High Tibial Osteotomy and Distal Femoral Osteotomy: Indications, Techniques and Post-Op Management for the Treatment of Arthrosis and Cartilage Deficiency", Presentation: "Indications, Technique & Post-Operative Management of Opening Wedge Implant-Free HTO & DFO " Chadwick Prodromos MD

Arthroscopy Association of North America Annual Conference
HOLLYWOOD, FL, May 2010
Coordinator of Instructional Learning Course: "Optimizing Hamstring ACL Reconstruction", Presentation: "Posterior Hamstring Harvest, 'No Fault' Double Bundle ACL Reconstruction with EndoButton, Whipstitch Post Tibial Fixation and Transtibial Femoral Tunnel" Chadwick Prodromos MD.

3rd Panhellenic Congress of the Hellenic Association of Arthroscopy Knee Surgery & Sports Injuries
HERSONISSOS, CRETE, June 2009
Podium Presentation: " Controversies in Soft-Tissue Anterior Cruciate Ligament Reconstruction: Grafts, Bundles, Tunnels, Fixation, and Harvest." Chadwick Prodromos MD.

European Society of Sports Traumatology, Knee Surgery, and Arthroscopy Biennial Congress

PORTO, PORTUGAL, May 2008
Podium Presentation: "A Meta-Analysis of the Incidence of Anterior Cruciate Ligament Tears As a Function of Gender, Sport and Knee Injury Reduction Regimen." Chadwick Prodromos MD, Yung Han MD, Julie Rogowski BS, Brian Joyce BA, Kelvin Shi MS.
Poster: "Elongation of Simulated Whipstitch Post Anterior Cruciate Ligament Reconstruction Tibial Fixation After Cyclic Loading." Chadwick Prodromos MD, Aaron Hecker MD, Brian Joyce BA.

Arthroscopy Association of North America Annual Conference
WASHINGTON, DC, April 2008
Podium Presentation: "The Inside-Out, Minimally Invasive High Tibial Osteotomy Technique." Chadwick C Prodromos MD, Brian T Joyce BA.

Hellenic Arthroscopy and Sportsmedicine Society Conference
ATHENS, GREECE, 2007
Podium Presentation: "Clinical and Biomechanical Analysis of Whipstitch-Post Tibial Fixation for Hamstring Anterior Cruciate Ligament Reconstruction." Chadwick C Prodromos MD, Aaron Hecker PhD, Brian Joyce BA.

International Society of Arthroscopy, Knee Surgery, & Orthopaedic Sports Medicine Biennial Congress
FLORENCE, ITALY, May 2007.
Poster: A Meta-Analysis of Stability Rates of Autografts Compared to Allografts for Anterior Cruciate Ligament Reconstruction. Chadwick Prodromos MD, Brian Joyce BA.

Arthroscopy Association of North America Annual Meeting
SAN FRANCISCO, CALIFORNIA, April 2007
Poster: "Experimental and Clinical Stability of Whipstitch-Post Fixation Method in Soft Tissue ACLR." Chadwick Prodromos MD, Aaron Hecker MD, Brian Joyce BA.
Poster: "A Meta-Analysis of Stability Rates of Autografts Compared to Allografts for ACLR." Chadwick Prodromos MD, Brian Joyce BA.

American Orthopaedic Society for Sports Medicine Annual Meeting
HERSHEY, PENNSYLVANIA, June 2006
Poster: "MRI Measurement of the Contralateral Normal Meniscus is a Better Method of Determining Meniscal Allograft Size than Measurement of the Recipient Tibial Plateau" Chadwick Prodromos MD, Brian Joyce BA, Brett Keller BS, BA, Brian T. Murphy MD

European Society of Sports Traumatology Knee Surgery and Arthroscopy Biennial Congress
INNSBRUCK, AUSTRIA, May 2006
Podium: "MRI Measurement of the Contralateral Normal Meniscus is a Better Method of Determining Meniscal Allograft Size than Measurement of the Recipient Tibial Plateau" Chadwick Prodromos MD

Arthroscopy Association of North America Annual Meeting
HOLLYWOOD, FLORIDA, May 2006
Instructional Course Lecture: "Controversies in Soft Tissues ACL Reconstruction: Allograft vs. Autograft, Double Tunnel vs. Single Tunnel, Cortical vs. Aperture Fixation"
Podium Presentation: "Five-Strand Hamstring ACL Reconstruction: A New Technique With Better Long-Term Stability Than Four-Strand." Chadwick C Prodromos MD, Brian T Joyce BA.
Poster: "Contralateral Meniscus MRI Better Predicts Needed Meniscal Allograft Size Than Recipient Tibial Xray." Chadwick C Prodromos MD, Brian Joyce BA, Brett Keller BS.

American Academy of Orthopaedic Surgeons Annual Meeting
CHICAGO, ILLINOIS, March 2006
SYMPOSIUM MODERATOR: "Controversies in Soft Tissues ACL Reconstruction: Allograft vs. Autograft, Double Tunnel vs. Single Tunnel, Cortical vs. Aperture Fixation"
Panelists: Stephen Howell, Freddie Fu, Lonnie Paulos, and Donald Johnson
Podium: Meniscal Study Group
"MRI Measurement of the Contralateral Normal Meniscus is a Better Method of Determining Meniscal Allograft Size than Measurement of the Recipient Tibial Plateau" Chadwick Prodromos
Poster: "MRI Measurement of the Contralateral Normal Meniscus is a Better Method of Determining Meniscal Allograft Size than Measurement of the Recipient Tibial Plateau" Chadwick Prodromos MD, Brian Joyce BA, Brett Keller BS, BA, Brian T. Murphy MD

BIBLIOGRAPHY

Prodromos CC. Editorial: Labral Repair Versus Biceps Tenotomy/Tenodesis for the Treatment of Type II SLAP Lesions: Indications and Technique. *Open Orthop J*, 2018 (in publication).

Prodromos CC, Finkle S, Dawes A, Baik JY. Treatment of Type Two SLAP lesion with Anatomic Suture Anchor Repair without Biceps Tenotomy or Tenodesis. *Open Orthop J*, 2018 (in publication).

Prodromos CC, Amendola A, Jakob RP. High tibial osteotomy: indications, techniques, and postoperative management. *Instr Course Lect*, 2015; 64: 555-65.

Prodromos CC. Posterior Mini-incision Hamstring Harvest. *Sports Med Arthrosc Rev*, March 2010; 18(1): 12-14.

Prodromos CC, Hecker A, Joyce B, Finkle S, Shi K. Elongation of Simulated Whipstitch Post Anterior Cruciate Ligament Reconstruction Tibial Fixation After Cyclic Loading. *Knee Surg Sports Traumatol Arthrosc,* Aug 2009; 17(8): 914-19.

Prodromos CC, Fu FH, Howell SM, Johnson DH, Lawhorn K. Controversies in Soft-Tissue Anterior Cruciate Ligament Reconstruction: Grafts, Bundles, Tunnels, Fixation, and Harvest. *J Am Acad Orthop Surg*, July 2008; 16(7):376-84.

Prodromos CC, Han Y, Rogowski J, Joyce B, Shi K. A Meta-Analysis of the Incidence of Anterior Cruciate Ligament Tears As a Function of Gender, Sport, and a Knee Injury-Reduction Regimen. *Arthroscopy,* Dec 2007; 23(12):1320-1325.

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PEER REVIEWED VIDEOS

Posterior Mini-Incision Hamstring Graft Harvest Technique for Anterior Cruciate Ligament Reconstruction

-Presented by *The American Academy of Orthopaedic Surgeons* for presentation 2004 and 2005 annual meetings

-*Video Journal of Orthopaedics*, #5073, September 2003.